

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091699 145

FILING DATE
10-27-00

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4			
TOTAL DEP.	19	↓	↓	↓
TOTAL	23	↓	↓	↓

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TOTAL IND.		↓	
TOTAL DEP.		↓	↓
TOTAL	100	↓	↓

BEST AVAILABLE COPY